



Fax or E-mail the approved form to the hotel and to the Finance Dept. Fax: 902-527-5400

E-mail: cwagner-whynt@ssrce.ca

HOTEL INFORMATION

****Please ensure only the Hotel Room, Parking and Internet charges are direct billed*

Name of Hotel							
	Street:						
Hotel Address	City:			Prov.		Postal Code	
	Phone:				Fax:		
	Date of Reservation						
From:					To:		
Room Preferences	Smoking <input type="checkbox"/>		Non-Smoking <input type="checkbox"/>		Hotel/Meeting Room Rate		
	Double <input type="checkbox"/>	Queen <input type="checkbox"/>	Meeting Room <input type="checkbox"/>		Confirmation#		

REASON FOR HOTEL BOOKING

Name of Function						
Location of Function (if not at hotel)						
Date of Function	From:				To:	

Employee/Guest Details and Accounting Information

1st Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

2nd Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

3rd Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

4th Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

Signature of Supervisor

Date Approved by Supervisor

Name of Supervisor (Please print clearly)

Billing Information: South Shore Regional Centre for Education, Attn: Accounts Payable
69 Wentzell Drive, Bridgewater NS B4V 0A2
Ph: 902-541-3015, Fax to e-mail: 902-527-5400, e-mail: payables@ssrce.ca